
APPLICATION FOR COVERAGE UNDER 401 KAR 52:080 FOR SOURCES ALREADY IN THE KyEIS

SECTION 1: SOURCE IDENTIFICATION

Source Name: _____ Source ID#: _____

Street Address: _____ County _____ Zip Code _____

Name and phone number of person to contact regarding this application:

Name: _____ Phone No.: _____

Names and titles of other persons involved in the preparation of this application:

Names

Titles

_____	_____
_____	_____
_____	_____
_____	_____

SECTION 2: VERIFYING EMISSIONS DATA

Subsection A:

You should have received a printout of your current emissions inventory with this form. If not, contact the Emissions Inventory Section at (502) 573-3382 and request a copy. Review the printout together with the operating records of the source to determine if the information contained in the printout is accurate and reflects ALL air pollutants emitted by the source. The person who conducts or supervises the

review should sign below where requested.

I have reviewed the KyEIS printout and the operating records for the source identified above. The information contained in the printout . . . (check ONLY ONE of the boxes below):

- ☐ **is complete (contains all the emission points and pollutants emitted by the source) and accurate.** (If this is true, check this box, provide the information requested below, and proceed directly to Section 3)
- ☐ **is complete, but contains inaccuracies (corrections are attached).** If this is true, check this box, make the necessary corrections on the KyEIS printout, provide the information requested below, and proceed directly to Section 3)
- ☐ **is accurate as it stands, but is not complete (a list of additional emissions is attached).** (If this is true, check this box, provide the information requested below, and proceed to Subsection B)
- ☐ **is not accurate and is not complete (corrections and a list of additional emissions are attached).** (If this is true, check this box, make the corrections on the KyEIS printout, provide the information requested below, and proceed to Subsection B)

Name: (type or print) _____ Title: _____

Signature: _____ Date: _____

Company: (if not an employee of the source) _____

Subsection B:

If the KyEIS printout is *not* complete, i.e., does not reflect all of the emission points and pollutants emitted by the source, you must provide the information requested below.

(1) For **nonprocess pollutants** where the total annual usage does not exceed fifty percent of any major source threshold, include an attachment which lists each pollutant not reflected in the printout. Include the CAS number, the annual usage in pounds or gallons, and the records used to verify this usage. Also include an estimate of your annual emissions, both actual and potential. **This attachment should be labeled Section 2B(1).**

(2) For **nonprocess pollutants** where the total annual usage exceeds fifty percent of a major source threshold, but the actual emissions do not exceed fifty percent of the threshold, include an attachment which lists each pollutant not reflected in the printout. Include the CAS number, the annual usage in pounds or gallons, and the records used to verify the usage and reduction in emissions. Also include an estimate of

your annual emissions, both actual and potential. **This attachment should be labeled Section 2B(2).**

(3) For **process pollutants** not reflected in the KyEIS printout, contact the Permit Review Branch of the Division for Air Quality at (502) 573-3382, to discuss appropriate methods for determining emission rates. Or, if you are a small business, you may want to contact the Business Environmental Assistance Program (BEAP) instead, at 1-800-562-2327. Include an attachment, based upon directions from the Permit Review Branch or BEAP, which lists each pollutant. Include the CAS number, a description of the process which produces the pollutant, and the records used to verify the emissions. Also include an estimate of your annual emissions, both actual and potential. **This attachment should be labeled Section 2B(3).**

SECTION 3: CERTIFICATION AND SUBMITTAL

This certification must be completed by the owner or operator of the source identified in Section 1 of this application, or by a responsible official.

I certify that, following reasonable inquiry and to the best of my knowledge, the information contained in this application is complete and accurate.

Name: (Type or print) _____

Title : _____

Date: _____

Signature: _____

Mail or fax the completed application and all required attachments to the Kentucky Division for Air Quality; Attn: EIS Section; 803 Schenkel Lane; Frankfort, Ky 40601; Fax No. (502) 573-3787.

Issued May, 2000